

Case Number:	CM15-0103746		
Date Assigned:	06/08/2015	Date of Injury:	01/23/2013
Decision Date:	07/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 47-year-old AIG beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 23, 2013. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for Tramadol. An April 3, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported ongoing complaints of low back pain. The applicant was asked to pursue a repeat epidural steroid injection. The applicant was given renewals of and/or asked to continue Terocin, Tramadol, Relafen, Norco, Flexeril, and Prilosec. A rather proscriptive 15-pound lifting limitation was endorsed. On April 3, 2015, it was acknowledge that the applicant was not working and had not worked in over a year as his employer was unable to accommodate suggested limitations. In a progress note dated March 9, 2015, the applicant reported 8/10 low back pain radiating to left leg. The applicant was on Ultracet, Flexeril, and Ambien, it was reported. The applicant was only able to maintain "minimal function" with medication consumption, the treating provider acknowledged. The applicant was not working and had not worked in over a year, it was reported. Pain-induced insomnia was reported in several sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol HCL Cap 150mg ER #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested on multiple progress notes, referenced above. The applicant had not worked in over a year, it was reported on March 9, 2015. 8/10 pain complaints were reported at that point in time. The attending provider failed to outline any material improvements in function (if any) effected as a result of ongoing Tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.